Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

		CLAIMS A	S FILED - PART I (Column 1) (Co			umn 2)	SMALL E			OF	OTHER THAN	
TOTAL CLAIMS			4					RATE	FEE	٦	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			Υ minus 20=		•			XS 9=		OR	X\$18=	
INDEPENDENT CLAIMS			( minus 3 =		*			X43=	+	1	X86=	
MULTIPLE DEPENDENT CLAIM PE			RESENT					7402	<del> </del>	OR	X00=	
* 16	the difference	a in column 1 is	loss than a	oro ontor	"O" in a			+145=		OR	-290=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	381	OR	TOTAL		
CLAIMS AS AMENDED - PAR (Column 1) (Column 1)						(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
		CLAIMS	ĺ	HIGHE		1			1	7 1		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		XS 9=		OR	X\$18=	
	Independent		Minus	***		=	Ì	X43≒		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		1	+290=	
							L	TOTAL	<del> </del>	OR	TOTAL	
									L	JOR ,	ADDIT FEE	
		(Column 1)		(Colum	n 2)	(Column 3)						
3		CLAIMS		HIGHE	_		Г	·	ADDI-	7 [		ADDI-
T B		REMAINING AFTER	1	NUMB		PRESENT		RATE	TIONAL	1 1	RATE	TIONAL
AMENDMENT		AMENDMENT	}	PREVIO		EXTRA	l	חאוב	FEE		DATE	FEE
	Total	*	Minus	**	<u> </u>	= .		X\$ 9=		OR	X\$18=	FEE.
	Independent	-	Minus	***		=	ŀ	X43=		i i	X86=	· · ·
٩	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT (	CLAIM		-		<u></u>	OR	700-	
								+145=		OR	+290=	
						•	· A	TOTAL DDIT. FEE		OR ,	TOTAL ODIT FEE	
	(Column 1) (Col					(Column 3)						
AMENDMENT C	`	CLAIMS REMAINING AFTER		HIGHE NUMBI PREVIOL	ER	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total	AMENDMENT		PAID F	OR		-		FEE	-		FEE
	Total Independent	*	Minus Minus	**		= .	L	X\$ 9=		OR	X\$18=	
¥	FIRST PRESENTATION OF MUL				LAIM			X43=		OR	X86=	Ī
								+145=		OR	+290=	
** If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE	
	the "Highest Nur	mber Previously Pa ber Previously Paid	id For" IN THIS	S SPACE is I	less than	3. enter "3."		ODIT. FEE	propriate box	. ^		